

NORTH DOWNS Hospital

Quality Account
2025/26



Confidential Patient Information



Ramsay
Health Care

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Welcome to Ramsay Health Care UK

North Downs Hospital is part of the Ramsay Health Care Group

Statement from Nick Costa, Chief Executive Officer, Ramsay Health Care UK

Founded in 1964 in Sydney, Australia, Ramsay Health Care is a leading global healthcare provider, recognised for outstanding patient care and integrated services across Australia, Europe and the United Kingdom.

Patients choose Ramsay UK because they trust us to deliver the highest standards of clinical quality and provide exceptional care. This year, we have achieved several significant milestones that recognise excellence in clinical care. Ramsay UK became the first independent provider to secure JAG accreditation across all our 25 endoscopy units; we were awarded Gold National Joint Registry (NJR) Quality Data Provider status across all hospitals, for the second consecutive year and we received consistently positive outcomes from Care Quality Commission (CQC) inspections. These achievements were further strengthened by the positive findings of the Getting It Right First Time (GIRFT) review of Ramsay's orthopaedic and spinal services.

Over the last 18 months, we have reinvested £55 million into diagnostic imaging, equipment upgrades, digital platforms, estates, and early intervention. These investments ensure our hospitals remain modern, high-performing and able to meet growing demand; alongside strengthening patient experience and doctor engagement.

With Net Promoter Scores above 90, we are prioritising patient care by launching the "It starts with me" customer service training to further improve the patient experience and uphold a patient-first culture.

Together, our achievements highlight Ramsay UK's commitment to healthcare excellence, patient experience and making a positive impact in our local communities.

I am proud to share these results with you.



Nick Costa

Ramsay Healthcare UK

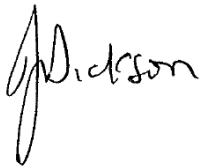
Statement from Jo Dickson, Chief Clinical and Quality Officer, Ramsay Health Care UK

At Ramsay Health Care UK, patient safety and the quality of care are paramount. As Chief Clinical and Quality Officer and Chief Nurse, I am immensely proud of the dedication and passion demonstrated by our clinical teams. Their unwavering commitment to delivering compassionate, evidence-based care ensures that patients always remain our foremost priority.

Across the UK group, I am continually inspired by the outstanding care provided by both our clinical and operational teams. Every day, they deliver exceptional service that embodies our core value of "People Caring for People." This dedication is clearly reflected in our impressive patient feedback scores, as well as the positive engagement received from colleagues and doctors. The contribution of every team member is vital, and we remain steadfast in our commitment to recognising, supporting, and championing their efforts.

This year, I have been particularly proud of the achievement of our first 'Outstanding' rating from the Care Quality Commission for one of our hospitals. This recognition was not easily attained, but it is a well-earned reflection of the exceptional practice and service that are consistently delivered. As we look to the future, our focus is on sharing best practice and learning so that this recognition may be more widely achieved throughout our organisation.

I am eager to continue this journey, building on our unwavering commitment to providing high-quality healthcare. With sustained investment and a dedication to innovation, we will further strengthen our promise to patients and the communities we serve.



Jo Dickson

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is North Downs Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the Hospital Director

Here at North Downs Hospital, we are committed to providing the highest standard of care to our patients. We truly value all feedback, as it gives us the opportunity to continually review and enhance the way we deliver our services.

The Quality Account provides a valuable opportunity to reflect on everything we've achieved over the past year, while also looking forward and planning for ongoing improvements. Having carefully reviewed the document, I am pleased to confirm that I am satisfied with the accuracy of the data and the statements presented.



Monica Clarke, Hospital Director

North Downs Hospital

1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.



Monica Clarke

Hospital Director

North Downs Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr B Anand, Consultant Orthopaedic Surgeon

MAC Chair



Mr S Khan, Consultant Ophthalmic Surgeon

Clinical Governance Committee Chair



NHS Surrey and Sussex Integrated Care Board

Welcome to North Downs Hospital



Established 52 years ago, North Downs Hospital is recognised as one of Surrey's premier private healthcare facilities. Situated in a tranquil residential area of Caterham, the hospital offers an extensive array of surgical and medical services while maintaining exceptional standards of patient care. We deliver prompt, efficient, and high-quality treatment for patients of all ages over 18, accommodating those who are medically insured, self-paying, or referred through the NHS.

The Hospital currently has 1 double and 14 individual inpatient bedrooms, all with en-suite facilities to ensure complete privacy. We also have a 5-bay day procedure section.

We have two operating theatres, one with laminar flow. Our second theatre is used for endoscopy procedures.

Services provided at North Downs Hospital include both medical and surgical specialities including Orthopaedics, Endoscopy (JAG accredited), General Surgery, Urology, Ophthalmology, Dermatology, Podiatric Surgery and Gynaecology. The out-patient department consists of five consulting rooms, an ophthalmic diagnostic room and also a minor procedures room.

The pre-operative assessment team adopts a risk-based strategy to optimise each patient individually before admission.

The physiotherapy department offers specialised services such as orthopaedic therapy, treatment for sports injuries, hand therapy, shockwave therapy, and acupuncture.

We provide on-site x-ray and ultrasound services with MRI, CT and DEXA scans being provided by our sister hospital in Ashted. TDL (The Doctor's Laboratory) and LDPath provide pathology services to North Downs Hospital.

Our pharmacy, decontamination and supplies services continue to be provided by Ashted Hospital. Our Business Office and Accounting functions work across both sites. Having this close working relationship ensures that we regularly share best practice.

Total number of patient admissions in the last year to April was 3646 of which 2414 were NHS patients.

The hospital is regulated by the Care Quality Commission; our latest report can be viewed at www.cqc.org.uk or by request to the Hospital Director. Our current rating is 'GOOD'.



The hospital is effectively managed with strong governance, risk oversight, and support from both Clinical Quality and corporate teams. We were re-accredited with JAG for Endoscopy Services in December 2023 and maintained this status after the November 2025 Annual Review.

Staff are encouraged to engage with senior leadership and are well supported with an Employee Assistance Programme; Mental Health First Aiders and a Professional Nurse Advocate on site. The hospital ensures staff receive relevant training through online resources, webinars, and the Ramsay Academy, providing consistent development opportunities. Ramsay Health Care supports apprenticeships, currently assisting a Health Care Assistant through ODP training and a Ward Administrator completing her Level 3 Senior Health Care Assistant apprenticeship, aiming for future nurse training.

Training needs analysis is identified at PDR annual review and the necessary resource applied to facilitate further professional development, guided by the Heads of Department. External training is also accessible to our teams.

For more than 52 years, our organisation has grown and adapted, firmly dedicated to achieving excellence in patient care. Our committed team works tirelessly to make every patient feel secure, supported and appreciated—whether they're here for a consultation, day surgery or a major operation. Compassionate, highly skilled staff provide exceptional care around the clock, focusing on clinical quality and the needs

of each person. From the friendly Reception team to expert surgeons, we are proud of the trust and positive feedback our patients share, which further strengthens our commitment to their health and wellbeing. The service is also bolstered by experienced Resident Doctors who offer continuous oversight for patients.

At North Downs, there are 76 Consultant Surgeons and Physicians, along with 29 Consultant Anaesthetists actively practising. All Consultants undergo thorough vetting prior to commencing their roles at the hospital, followed by continuous assessment through our clinical governance framework to uphold exemplary standards of clinical care. Credentials are routinely reviewed to verify indemnity, training, appraisals, and DBS checks (Disclosure and Barring Service), as well as compliance with registration requirements including the Information Commissioners Office. The practice of each Consultant is formally evaluated annually by the Hospital Director and the Head of Clinical Services, with final approval from the MAC Chair. Additionally, all Consultants participate in a five-year revalidation process to maintain Practising Privileges in accordance with Ramsay Facility Rules.

Our staff complement as of April 2026 is 75.8 WTE and 40 bank members of staff.

Qualified Nurses – WTE – 20.3

HCA – WTE – 6.9

Radiographers – WTE – 3.4

Porters – WTE – 2.1

Administration staff – WTE – 21.7

Support Services – WTE – 14.5

Operating Department Practitioners – WTE – 3.6

Physiotherapists – WTE – 3.2

The standard staffing ratio in our ward is generally maintained at one registered nurse per five patients. This ratio is regularly evaluated and modified as necessary, taking into account the skill mix, patient dependency levels, and instances of rapid patient turnover, such as cataract procedure lists. A Staffing Tool is being introduced to support safety and efficiency.

We work closely with Surrey & Sussex NHS Trust, which supplies us with blood transfusion and other pathology services when needed. We can perform a variety of point of care tests (POCT) on site. Additionally, LD Path offers extra pathology services, such as histology.

Both Surrey and Sussex and Croydon University Hospital Trusts provide us with access to Level 2/3 critical care services as required.

Community Engagement and Educational Activities

We maintain close collaboration with our local ICBs to offer a comprehensive array of services tailored to the requirements of the healthcare community. Our Business Relations Manager (BRM) works in partnership with the local General Practitioner (GP) population and additional community providers, such as Physiotherapists and Optometrists, ensuring seamless patient transitions to secondary care when necessary.

Charitable Sponsorship and Local Support

North Downs Hospital sponsored a Golf Tournament aimed at raising funds to provide defibrillators for schools, gyms, and public spaces. This initiative reflects our ongoing commitment to supporting health and safety in the wider community. We also maintained our support for a local cricket team, with funding directed towards purchasing equipment and training kits for all club members. We were pleased to continue our partnership with St Raphael's Hospice during the last year, and for 2026/27 our chosen charities, selected by our Employee Engagement Group from staff nominations, are St Christopher's Hospice and Group B Strep Support. We are also proud to share that North Downs Hospital, along with the Hospital Director are now officially elected members of the Caterham Rotary Club and continue to engage with them in community fund-raising and support.

During 2025 we raised a total of £995 for charity, which comprised of £515 from the Christmas Hamper raffle towards St Raphael's; £365 from 'Wear it Pink' for the Breast Cancer Now charity and £103 from our MacMillan Coffee morning. In addition, our Outpatient Manager, a Specialist Urology Nurse, took on the 'Run the Month' challenge to raise money and awareness for Prostate cancer. She managed to raise £330.

Community Outreach and Awareness

In the lead-up to Christmas, we hosted an awareness stand at a local Garden Centre. This event generated numerous positive conversations, helping to raise the profile of the hospital within the community.

Aligned with the 'Ramsay Cares' initiative, which emphasises sustainability and employee wellbeing, we maintain our commitment to the 'Giving Back' day, encouraging staff to participate in volunteer activities within their local communities. 4 members of our team visited a local charity, 'Their Voice' which supports victims of Modern Slavery. The team assisted by packing hospital bags for rescued pregnant victims; age-appropriate educational rucksacks for young people and packaging child

and baby clothes. They learned about the charity's background and the efforts it undertakes. We have pledged to continue our support to this charity by way of donations and for other team members to offer their time on a 'Giving Back Day'.

Patient Participation and Professional Education

The BRM also organises educational events that enable GPs and other healthcare professionals to accrue CPD points through attendance. These sessions may include gatherings of 25-30 GPs with presentations delivered by 3-4 Consultant Surgeons or Physicians on subjects pertinent to clinical practice, or "lunch and learn" events in which a Consultant visits a practice during lunch to discuss their area of expertise. We actively supported several Patient Participation Groups by providing Consultant speakers. These sessions were well received and prompted valuable discussions with attendees. Additionally, we sponsored two Protected Learning Afternoons, which provided an opportunity to engage directly with a full room of General Practitioners and deliver important updates about the hospital.

Healthcare Professional Educational Events

A series of educational events for healthcare professionals was delivered throughout the year, with the standout being a Hybrid Event attended by nearly 70 participants. The Supper Club also proved highly successful, offering smaller, more intimate sessions that enabled healthcare professionals to build relationships with our consultants.

Part 2

2.1 Quality priorities for 2026/27

Plan for 2026/27

On an annual cycle, North Downs Hospital develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Leadership Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees that represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Priorities for improvement

2.1.1 A review of clinical priorities 2025/26 (looking back)

Patient Safety

Orthopaedic MDT Development

This priority was carried forward in line with the GIRFT principles.

The MDT meeting forms a pivotal place to enable key decision making, having all the relevant patient information at hand, with the patient at the very centre. Consideration of the patients' preferences and choices helps to inform those decisions.

We have now set up Orthopaedic MDT Meetings to review specific cohorts of patients requiring some form of revision arthroplasty.

- Terms of Reference were drawn up
- A meeting was held to determine which types of revision surgery would be suitable for North Downs Hospital. Revisions are classified from R1 – R3 with R3 being the most complex with a higher risk of complications. The decision was taken to only undertake R1 revisions, which are of low complexity, and will be subject to discussion and review at a local MDT meeting, before agreement to schedule for surgery.
- Our first meeting was held in January 2026.

Clinical Effectiveness

GIRFT:

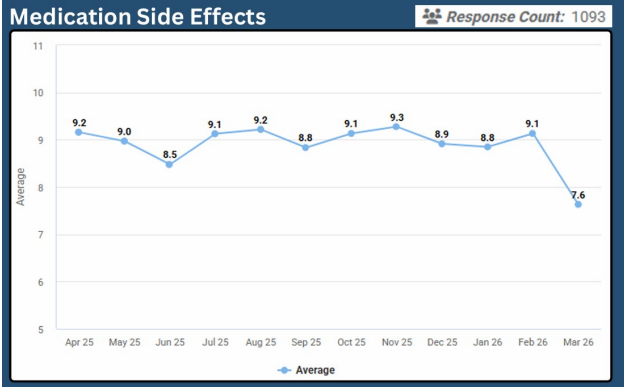
Upon receiving and carefully reviewing the GIRFT report, several recommendations were identified. These recommendations are currently undergoing thorough consideration. Where deemed appropriate for North Downs Hospital, we will actively pursue the implementation of these suggested changes to drive improvement within our organisation. This process aims to ensure that any actions taken are both relevant and beneficial, aligning with our ongoing commitment to enhance patient care and safety. We would therefore like to carry this forward as a clinical priority for this year.

Patient Experience

Patient Education on Take Home Medicines

Over the last year the Pharmacy Team have developed reader friendly leaflets to accompany some of the most common take home medicines. This continues to be a work in progress as the library of information leaflets grows.

As can be seen from the table below there has been some improvements made during the last year. (The dip in March is likely attributed to restricted NHS activity).



2.1.2 Clinical Priorities for 2026/27 (looking forward)

Patient Safety

Health Equality Framework and Accessible Information

This clinical priority has been selected to assess how we meet the standard; to identify any gaps and areas for improvement.

The Accessible Information Standard (AIS) is a legal requirement for NHS and adult social care services in England, ensuring that individuals with disabilities and sensory loss receive information in a way that meets their communication needs.

Key points include:

Identification and Recording: Providers must identify and record individuals' information and communication needs, which must be visible to staff.

Sharing Information: Needs must be shared with other services during referrals or handovers, ensuring continuity of care.

Compliance with Legislation: The AIS helps organisations comply with the Equality Act 2010 and other legal obligations.

Implementation Guidance: The standard provides a structured approach to ensure that individuals with disabilities can access and understand information effectively.

Plan:

- Review Corporate Policy
- Look at how we as a hospital manage accessibility, i.e. through patient forms, electronic record systems, communication channels and frontline interactions.
- Check whether needs are consistently recorded
- Check whether flags are visible to staff at point of care
- Check alternative formats such as Braille, easy read or interpreters
- Gather feedback from service users and frontline staff
- Identify where there are gaps in processes, services or staff education
- Identify risks and prioritise fixes; create an improvement plan.

Clinical Effectiveness

GIRFT

A GIRFT Summary Metrics dashboard is in the process of development and therefore GIRFT will continue to be a clinical priority for this year. By utilising this dashboard, we will have the opportunity to review relevant data on a monthly basis.

This regular monitoring is expected to enable us to identify areas for improvement and, consequently, drive positive change within the organisation based on the findings.

The dashboard will include the following key metrics:

- Compliance to Amplitude
- Spinal Injection Type
- 30 Day Readmissions
- Over 60's – Knee Replacement <1year of Knee arthroscopy (same side)
- Return for procedure 1 year (same side)
- PROMS
- % Daycase Procedures
- Length of Stay
- Total Hip Replacement Fixation Method

Patient Experience

Patient Initiate Follow-Up (PIFU)

PIFU is where patients are not automatically given an Outpatient Follow-Up appointment after their procedure, but future attendances are initiated by the patient themselves.

PIFU is part of the NHS's 'Personalised Care' and Ramsay recognises that this has benefits to the patient such as:

- Empowerment: allows patients to schedule appointments as needed, promoting autonomy and convenience
- Improves Patient Experience: mitigates the inconvenience, time, cost, and stress often associated with unnecessary hospital visits.
- Enhanced satisfaction: improves patient contentment and engagement with their healthcare journey
- Activation: encourages active participation in personal health management
- Responsiveness: enhances responsiveness through better waiting list management.

At North Downs Hospital PIFU will only apply post treatment and following agreed procedures.

Plan:

- Review the Ramsay Standard Operating Procedure for PIFU
- Canvas Consultants treating NHS patients to establish which procedures are appropriate for PIFU.

- Ensure that PIFU is a shared decision-making process between the Consultant and the patient and that this is correctly documented within the electronic patient record.
- Ensure the patient understands the timeframe for requesting a follow-up appointment.
- Communicate with the GP if patients are on PIFU.

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2025/26 North Downs Hospital provided and/or subcontracted 33 NHS services.

North Downs Hospital has reviewed all the data available to them on the quality of care in all 33 of these NHS services.

The income generated by the NHS services reviewed in 1 April 2024 to 31st March 2025 represents 61.2% of the total income generated from the provision of services by North Downs Hospital.

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospital's Senior Leadership Team together with Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2025/26, the indicators on the scorecard which affect patient safety and quality were:

Human Resources	
Staff Cost % Net Revenue	33%
HCA Hours as % of Total Nursing	21.9%
Agency Cost as % of Total Staff Cost	5.7%
Ward Hours PPD	5.49

% Staff Turnover	5.2%
% Sickness	2.6%
% Lost Time	16.6%
Appraisal %	78%
Mandatory Training %	96%
Number of Significant Staff Injuries	0

Patient

Indicator	Outcome
Formal Serious Complaints per 1000 admissions	0%
Patient Satisfaction Score	100%
Number of Significant Clinical Events per 1000 admissions	0%
Number of Readmissions per 1000 admissions	0.76%

Complaints are reviewed by the Clinical Governance Committee and Medical Advisory Committee on a regular basis. Lessons learned from complaints are discussed at departmental meetings to offer staff an opportunity to reflect on the complaint and as a team identify where improvements could be made. Complaints Leaflets are made available in each department for patients, detailing the process for managing a complaint and how a complaint may be escalated if a patient remains dissatisfied. Patients are invited to meet with the Hospital Director and Head of Clinical Services to discuss their complaints/experiences, and this has demonstrated that face to face interaction is a useful tool in dealing with these situations.

Patient Feedback and Satisfaction Monitoring

North Downs Hospital is committed to collecting and utilising unbiased patient feedback to continuously improve its services and ensure high levels of patient satisfaction. Multiple channels are employed for this purpose, including comprehensive patient surveys and a web-based independent feedback system known as Cemplicity. Cemplicity provides a 'real-time' mechanism for patients to share their experiences, with the added benefit of immediate notifications to the Senior Leadership Team should a patient require follow-up contact. This enables the hospital to address patient queries or concerns promptly and efficiently.

Feedback Collection Methods

In addition to the Cemplicity system, patient feedback is obtained through 'We Value Your Opinion' leaflets, which are completed by patients upon discharge. The hospital also utilises the 'Friends and Family Test' to further gauge satisfaction levels. For

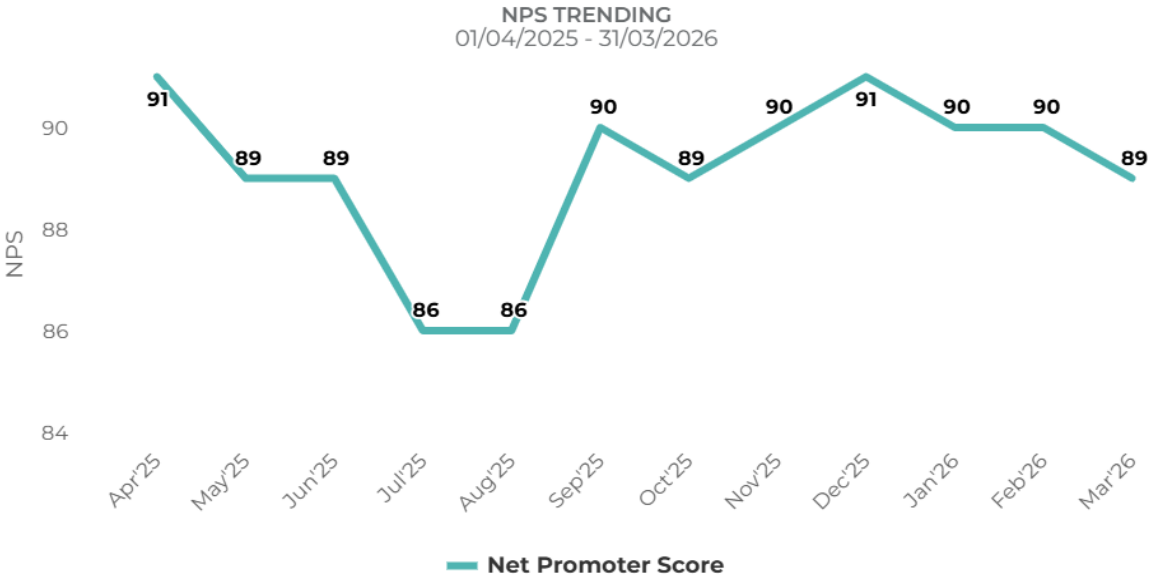
Endoscopy patients, a dedicated feedback form is provided, and these responses are systematically reviewed during bi-monthly Endoscopy User Group meetings.

Review and Action Process

All patient feedback is carefully evaluated by the Senior Leadership Team and disseminated at appropriate internal forums. This process is designed to identify key areas requiring improvement and to facilitate the development of targeted action plans. By actively engaging with patient responses, North Downs Hospital demonstrates its dedication to enhancing the overall patient experience.

Benchmarking Performance

The hospital regularly benchmarks its performance against other facilities within Ramsay Healthcare UK using data from Cemplicity, which includes the Net Promoter Score for the most recent twelve months. North Downs Hospital consistently ranks above the Ramsay average, highlighting its success in delivering patient-centered care and maintaining a high standard of satisfaction.



Quality	Outcome
Workplace Health & Safety Score	92.6%
Infection Control Audit Score	97.5%

2.2.2 Participation in clinical audit

During 1 April 2025 to 31st March 2026 North Downs Hospital participated in 3 national clinical audits and 3 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North Downs Hospital participated in, and for which data collection was completed during 1 April 2025 to 31st March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of Audit/ Clinical Outcome Programme	% cases submitted
National Joint Registry (NJR)	100%
Elective surgery (National PROMs Programme)	96%
Surgical Site Infection Surveillance Service	98%

The reports of above national clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee. North Downs Hospital participates in the NJR Data Quality Audit and we were proud to again, along with all Ramsay sites receive a Gold Award for our Data Quality. We are currently on track to repeat this success in the coming year.



Actions for Improvement:

NJR – reports are reviewed at Clinical Governance level and at Medical Advisory level. Where Outlier status is identified, Consultants are asked to provide higher detail of their individual practice. The Ramsay Medical Director also has oversight of individual practice. We have no Outliers at this current time.

PROMs – reports are again reviewed at both Clinical Governance and Medical Advisory Committee level and where Health Gains are below the national average, individual Consultant data can be reviewed.

Surgical Site Surveillance – there is an ongoing approach to improvement here and whilst we have a robust reporting system and structure, Thematic Analysis, in line with the Patient Safety Incident Response Framework (PSIRF) informs us of where improvements are required.

Local Audits

All clinical audits are on Tendable as per the clinical audit schedule which can be found in Appendix 2. The reports of North Downs Hospital Ramsay mandatory clinical audits from 1 April 2025 to 31st March 2026 were reviewed by the Clinical Governance Committee.

2.2.3 Participation in Research

There were no patients recruited during 2025/26 to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

North Downs Hospital's income from 1 April 2025 to 31 March 2026 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.2.5 Statements from the Care Quality Commission (CQC)

North Downs Hospital is required to register with the Care Quality Commission and its current registration status on 31 March 2026 is registered without conditions.

North Downs Hospital has not participated in any special reviews or investigations by the CQC during the reporting period.

2.2.6 Data Quality

Statement on relevance of Data Quality and your actions to improve your Data Quality

North Downs Hospital regularly use statistical data to monitor clinical services and constantly review this information by quality control initiatives.

Clinical audits across a wide spectrum demonstrate compliance against policy and legislation and action plans developed in response to concerns as required.

NHS Number and General Medical Practice Code Validity

North Downs Hospital submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data. The percentage of records in the published data, which included:

99.69% for admitted patient care;

99.87% for outpatient care; and

NA for accident and emergency care (not undertaken at our hospital).

The General Medical Practice Code:

99.87% for admitted patient care;

100% for outpatient care; and

NA for accident and emergency care (not undertaken at our hospital).

Information Governance Toolkit attainment levels

Ramsay Health Care UK Operations Ltd attainment level is 'Standards Met'. The 2025/2026 submission is due by 30th June 2026.

This information is publicly available on the DSP website at:

<https://www.dsptoolkit.nhs.uk/>

Clinical coding error rate

North Downs Hospital was subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

Ramsay Health Care DSPT_IG Requirement 505 Attainment Levels as at March 2026 (most recent data)

Hospital Site	Next Audit Date	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure	DSPTK Attainment Level
North Downs	Completed Sept 2023	100%	98.4%	100%	99.1%	Level 3x

2.2.7 Stakeholders views on 2025/26 Quality Account

Ramsay North Downs Hospital Quality Account 2025/26 Commissioner statement from NHS Surrey and Sussex Integrated Care Board (ICB)

NHS Surrey and Sussex Integrated Care Board (ICB) welcomes the opportunity to comment on North Downs Hospital's Quality Account for 2025/26.

We recognise the important role North Downs Hospital plays in supporting delivery of elective care across Surrey, contributing to improved access, reduced waiting times and increased system capacity. Overall, the ICB considers the Quality Account to provide a clear and transparent overview of performance during 2025/26. It reflects a balanced assessment of achievements alongside areas for further development and demonstrates an ongoing commitment to safe, effective and patient-centred care. We would like to thank staff across North Downs Hospital for their continued professionalism and dedication.

Areas of notable achievement

Patient safety, infection prevention and clinical outcomes

We acknowledge North Downs Hospital's strong focus on patient safety and infection prevention. The hospital reports very low levels of harm, including no patient safety incidents with harm, a very low readmission rate and no reported cases of Clostridium difficile or MRSA bacteraemia during the year. Infection prevention and control arrangements are well embedded, with strong governance, regular audit processes and clear clinical oversight supporting safe care. Together, these demonstrate a well-established safety culture and effective clinical governance.

Elective recovery and access to care

We recognise the organisation's role in improving access to care, including delivery of NHS activity which forms a significant part of its overall workload. Ongoing partnership working and effective use of capacity continue to support timely treatment and contribute to wider elective recovery.

Patient experience and engagement

Patient experience remains a key strength, with very high levels of satisfaction reported, including excellent patient satisfaction scores and positive Friends and Family Test feedback. The use of multiple feedback channels supports responsive engagement and ongoing service improvement.

Clinical effectiveness and audit

We note the hospital's strong participation in national clinical audits and achievement of high submission rates, alongside recognition through national programmes such as the National Joint Registry. The use of audit findings, benchmarking and a structured governance framework supports continuous improvement in clinical outcomes and practice.

Workforce and organisational culture

We recognise the organisation's commitment to staff development and wellbeing, including access to training, supportive leadership and initiatives that promote a positive safety culture, such as 'Speaking Up for Safety'. These approaches support staff engagement and high-quality care delivery.

Quality monitoring

We welcome the use of data and digital tools to support quality monitoring, including the balanced scorecard approach and real-time feedback systems. These support effective oversight of performance, timely response to issues and continuous improvement.

Areas where further assurance would be welcomed for 2026/27

The ICB would welcome continued focus on the following areas:

Access and waiting times

Sustaining performance in access and waiting times will remain a priority, with continued focus on consistent delivery of Referral to Treatment standards across all services.

Delivery of quality improvement priorities

Continued progress on key initiatives, including delivery of planned improvements such as the Health Equality Framework and GIRFT actions is needed to ensure timely delivery and benefits.

Patient communication and experience

Further development of personalised care approaches, including Patient Initiated Follow-Up, is supported and we would welcome evidence of improved patient understanding, responsiveness and overall satisfaction.

Workforce development

Ongoing focus on workforce development, including appraisal completion and training compliance, to support sustainability and the delivery of high-quality care.

Service resilience

Addressing operational challenges, including minimising cancellations and improving patient flow, to support service efficiency and resilience.

Conclusion

The ICB thanks North Downs Hospital for its Quality Account and recognises the contribution it makes to delivering safe, effective and high-quality care.

The identified priorities for 2026/27 are appropriate and align with system-wide objectives, including improving access to elective care, strengthening patient safety, reducing health inequalities and delivering patient-centred services.

We look forward to continuing to work in partnership with North Downs Hospital to support further improvements and ensure the delivery of sustainable, high-quality services for local people.



Chief Nursing Officer
NHS Surrey and Sussex Integrated Care Board 09/06/2026

Part 3: Review of quality performance 2025/26

Head of Clinical Services, Carole Collier

Ramsay Clinical Governance Framework 2026

The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

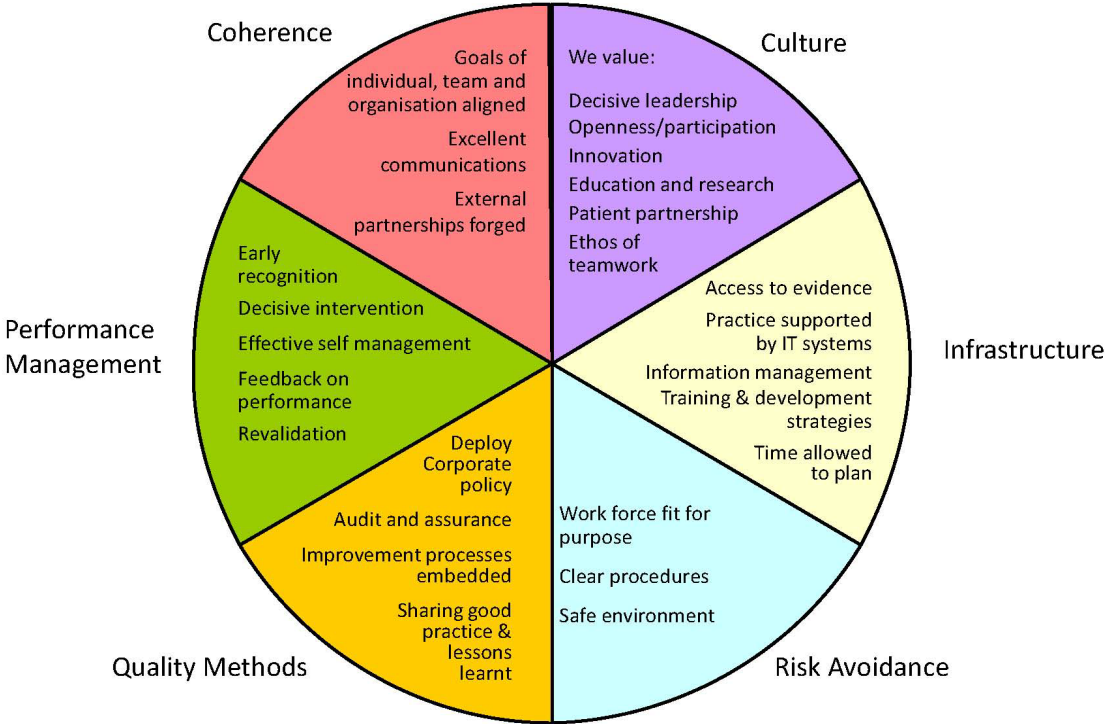
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc, are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

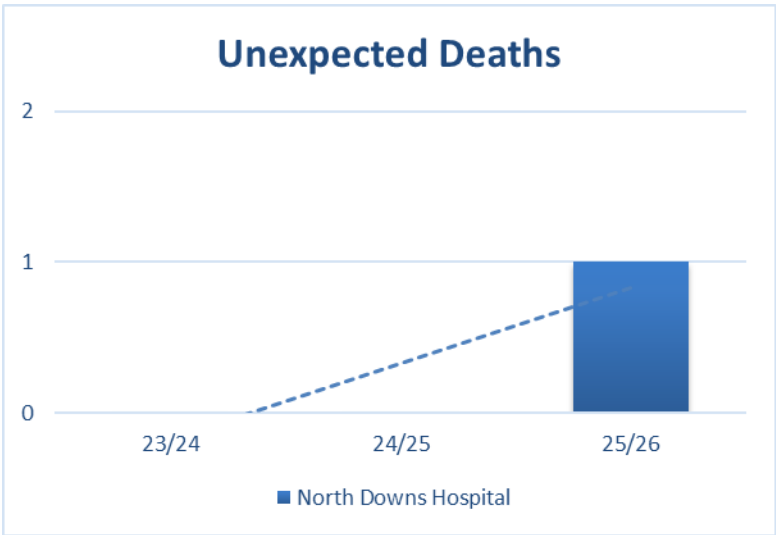
3.1 The Core Quality Account indicators

Mortality

Mortality:	Period		Best		Worst		Average		Period		North Downs	
	Nov22 - Oct23	RQM	0.7215	RXP	1.2065	Average	1.0021	23/24	NVC11	0.0000		
	Nov23 - Oct24	RQM	0.6967	RXR	1.2985	Average	1.0036	24/25	NVC11	0.0000		
	Nov24 - Oct25	RYJ	0.7194	RXL	1.3183	Average	1.0092	25/26	NVC11	0.0004		

North Downs Hospital considers that this data is as described for the following reasons: there was one unexpected death at North Downs Hospital during the reporting period.

Rate per 100 discharges:



National PROMs

Hips:

Apr21 - Mar22	NT333	26.0042	NVC20	7.31011	Eng	22.8474	Apr21 - Mar22	NVC11	24.189
Apr22 - Mar23	NT402	25.4426	NVC04	14.9221	Eng	22.4505	Apr22 - Mar23	NVC11	23.193
Apr23 - Mar24	RYJ	25.6601	RF4	18.6003	Eng	22.5744	Apr23 - Mar24	NVC11	no data

Knees:

PROMS:	Period		Best		Worst		Average		Period		North Downs	
	Apr21 - Mar22	RCF	20.6336	NT209	14.2667	Eng	17.6247	Apr21 - Mar22	NVC11	17.076		
	Apr22 - Mar23	RWJ	20.8622	RJ1	13.1198	Eng	17.4879	Apr22 - Mar23	NVC11	14.720		
	Apr23 - Mar24	NT412	19.7877	NVC20	11.7164	Eng	16.8868	Apr23 - Mar24	NVC11	no data		

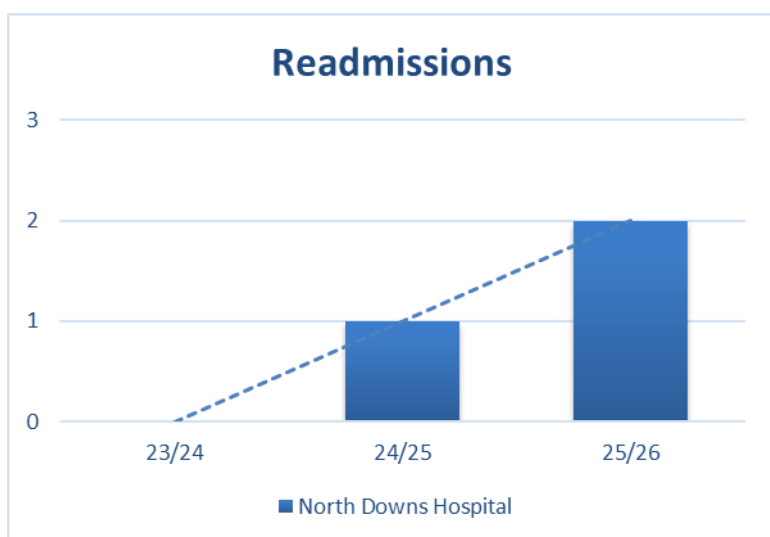
North Downs Hospital considers that this data is as described for the following reasons:
There was no data for this period.

Readmissions within 28 days

Readmissions:	Period		Best		Worst		Average		Period		North Downs	
	20/21	N/A	N/A	N/A	N/A	Eng	15.5	23/24	NVC11	0.00000		
	23/24	N/A	N/A	N/A	N/A	Eng	14.2	24/25	NVC11	0.00039		
	24/25	N/A	N/A	N/A	N/A	Eng	14.7	25/26	NVC11	0.00076		

North Downs Hospital considers that this data is as described for the following reasons:
there were only two readmissions during the reporting period.

Rate per 100 discharges:



Responsiveness to Personal Needs

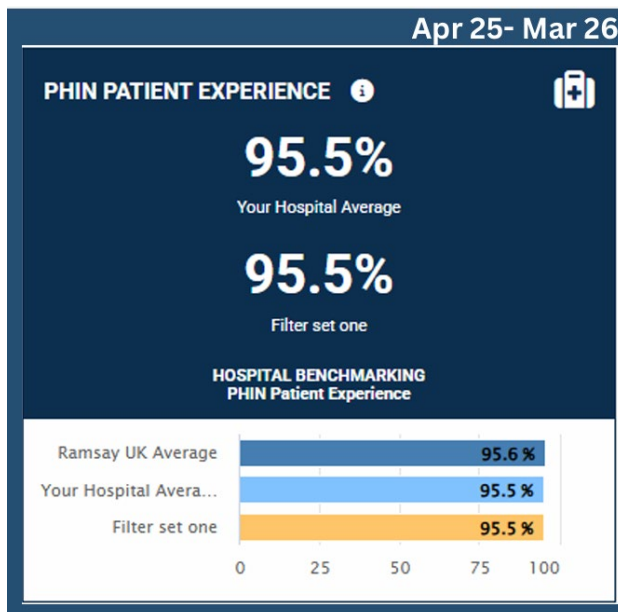
4b Patient experience of hospital care

No longer collected

PHIN Experience score (suite of 5 questions giving overall Responsive to Personal Needs score):



The above table represents the period April 1st 2025, to March 31st 2026



Break down per question and overall responsiveness score taken from Ramsay's external patient experience survey, Period April 2025 - March 2026:

VTE Risk Assessment

VTE Assessment:	Period		Best		Worst		Average		Period		North Downs	
	Q1 to Q3 19/20	Several	100%	RXL	71.8%	Eng	95.5%	Q1 to Q3 19/20	NVC11	99.3%		
	Q3 24/25	Several	100%	RCB	13.7%	Eng	90.3%	Q3 24/25	NVC11	91.4%		
	Q1 to Q3 25/26	Several	100%	NVCOY	3.08%	Eng	91.3%	Q1 to Q3 25/26	NVC11	95.3%		

North Downs Hospital considers that this data is as described for the following reasons: North Downs Hospital has had an increased focus to improve risk assessment compliance during the last 12 months.

C difficile infection

C. Diff rate:	Period		Best		Worst		Average		Period		North Downs	
	2021/22	Several	0	RPY	54.0	Eng	16.0	2023/24	NVC11	0.0000		
	2023/24	Several	0	RPY	56.6	Eng	18.8	2024/25	NVC11	0.0000		
	2024/25	RQ3	2	RPY	81.0	Eng	23.0	2025/26	NVC11	0.0000		

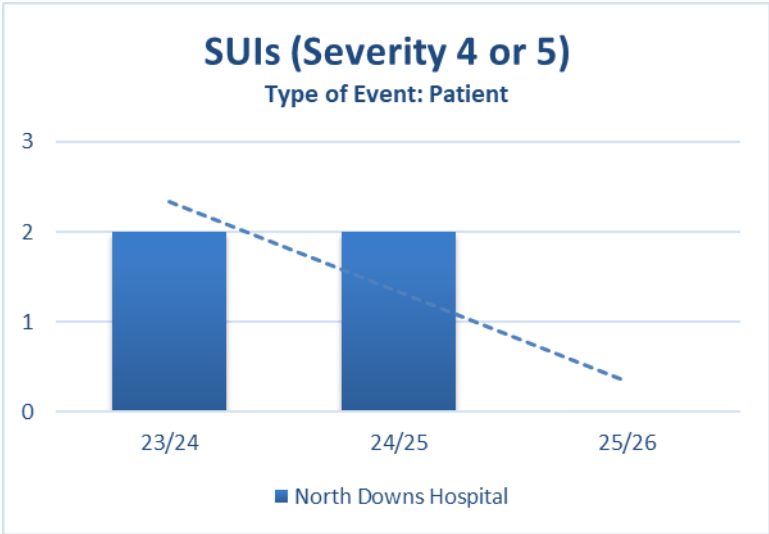
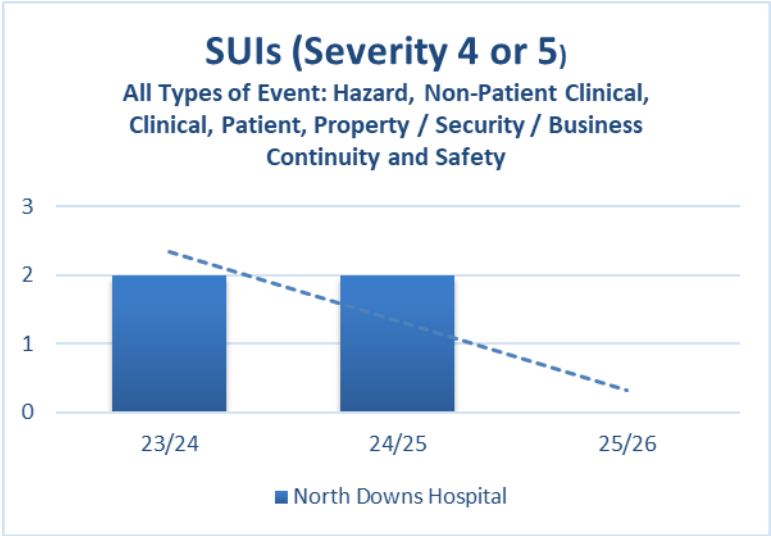
North Downs Hospital considers that this data is as described for the following reasons: North Downs Hospital has had no incidences of Clostridium Difficile during the last 12 months.

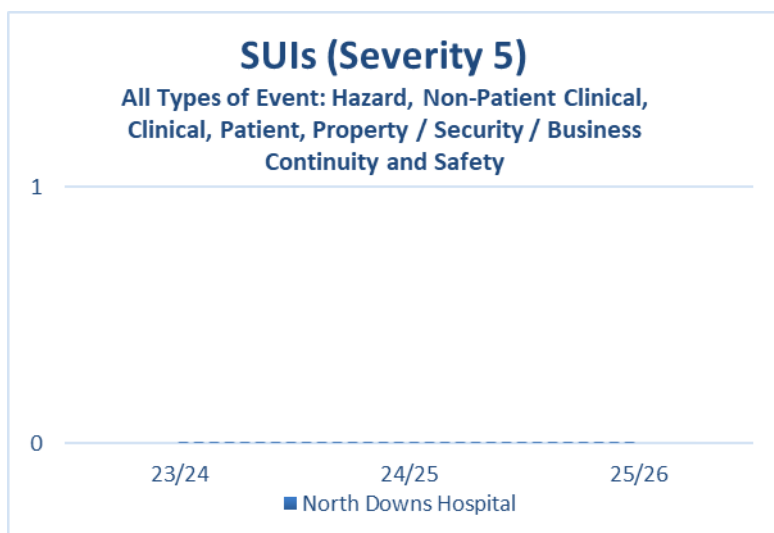
Patient Safety Incidents with Harm

SUIs:	Period		Best		Worst		Average		Period		North Downs	
	2022/23	N/A	N/A	N/A	N/A	N/A	N/A	2023/24	NVC11	0.0000		
	2023/24	N/A	N/A	N/A	N/A	N/A	N/A	2024/25	NVC11	0.0000		
	2024/25	N/A	N/A	N/A	N/A	N/A	N/A	2025/26	NVC11	0.0000		

North Downs Hospital considers that this data is as described for the following reasons: North Downs Hospital has had no patient safety incidents with harm during the last 12 months.

Rate per 100 discharges:





Friends and Family Test

F&F Test:	Period		Best		Worst		Average		North Downs	
	Jan-24	Jan-25	Several	100%	RTK	74.0%	Eng	94.0%	NVC11	100.0%
	Jan-24	Jan-25	Several	100%	RL4	71.0%	Eng	95.0%	NVC11	100.0%
	Jan-26	Jan-26	Several	100%	RTK	74.0%	Eng	95.0%	NVC11	100.0%

North Downs Hospital considers that this data is as described for the following reasons: we continue to receive extremely positive recommendation.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regard to our track record for patient safety.

Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below.

3.2.1 Infection prevention and control

North Downs Hospital has a very low rate of hospital-acquired infection and has had no reported MRSA Bacteraemia.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

All potential infections are reported on the Ramsay Incident Reporting System, RADAR and are investigated by our IPC Lead Nurse. All hip and knee joint infections will have thematic analysis undertaken, using a standardised format which addresses both patient and environmental factors. These are reviewed by the National Clinical Lead for Infection Prevention & Control (CLIPC) and our Consultant Microbiologist and are attached to the incident on RADAR. Any shared learning from these is disseminated to the teams.

Patients are risk assessed initially by the Pre-op Assessment team upon triaging them via their patient health questionnaire; skin inspections where indicated are undertaken at face-to-face pre-op assessment and swabs taken where necessary. At this point a discussion with the surgeon regarding suitability for surgery takes place and a possible decision to defer pending skin healing. Patients are also screened on admission for any skin breaks which may potentially lead to infection.

Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery, including spinal surgery and these are also monitored.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year. Our local IPC Committee meets quarterly, following a standard agenda to review all reported infections, new policies, audits and the Annual Plan, which tables all aspects of IPC to be addressed throughout the year. A Consultant Microbiologist chairs this committee. At this meeting (in addition to Health & Safety meetings) Water Safety is discussed and reviewed with the results of any sampling. Theatre Air Handling validations are also reviewed, and any actions tabled. There is a Planned Preventative Maintenance (PPM) Schedule for all medical equipment.

Anti-Microbial Stewardship by the Hospital Pharmacist provides an oversight of anti-microbial prescribing, and they will report any exceptions to the IPC Committee. Anti-microbial prescribing is in line with Surrey and Sussex Healthcare Trust guidelines using EOLAS, their prescribing formulary.

Equipment used on patients is cleaned after each use and a green 'I am Clean' sticker applied with the date and time of cleaning annotated. Sterile Services/Decontamination is provided by our sister hospital, Ashted with whom we have a Service Level Agreement.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice. We also participate in the Surrey IPC Meetings.

Staff Wellbeing is monitored via Ramsay Occupational Health services and an annual skin inspection is undertaken, with compliance figures reported on the Occupational Health Tool, Cority.

Training includes Standard Precautions, Hand Care & Hygiene, PPE, Waste Disposal, and Management of Linen. Clinical staff undertake additional training in IV Administration and ANTT.

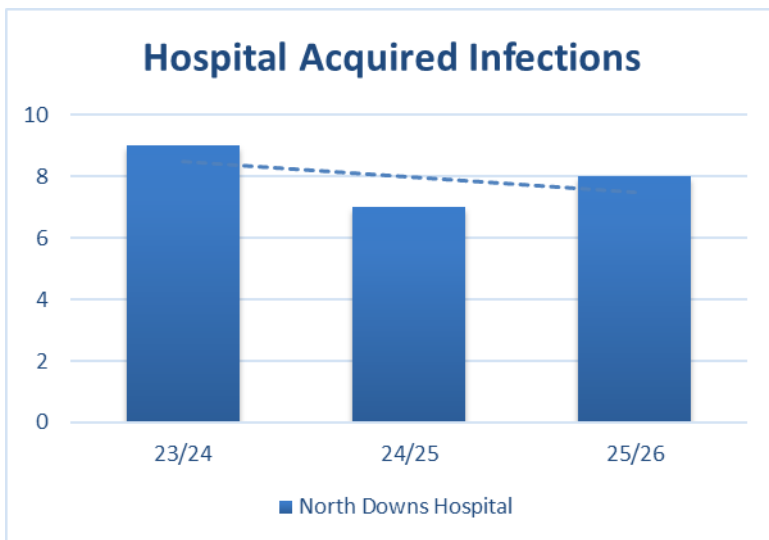
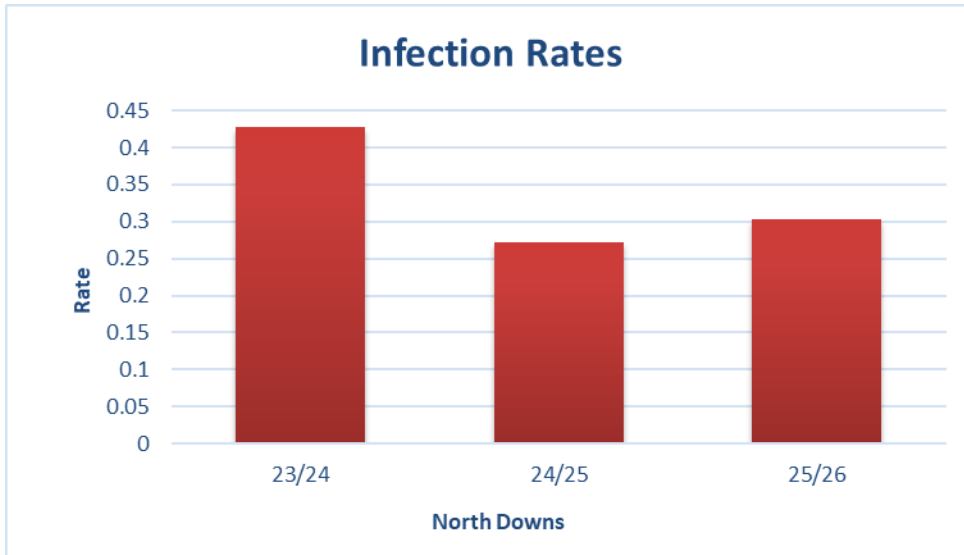
Programmes and activities within our hospital include:

There are regular scheduled IPC Audits and for the last year have been amended to incorporate specifics from the One Together Programme:

- Department Cleaning – 50 Steps
- Hand Hygiene – 5 Moments
- One Together Surveillance of Surgical Site Infection
- IPC Environmental Infrastructure
- IPC Governance & Assurance
- PVCC
- Management of Linen
- Sharps
- UCCB
- Antimicrobial Stewardship
- ANTT
- Wound Management

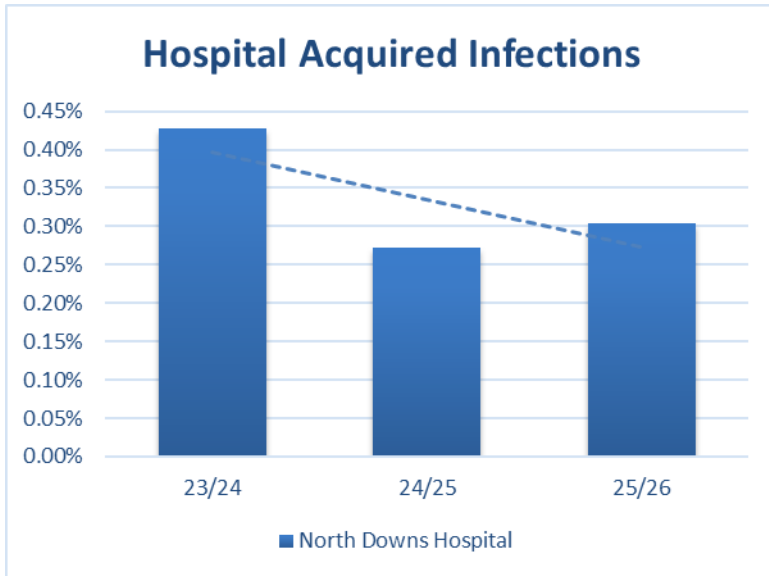
Plus 20 associated audits linked to the One Together Programme

As a Hospital we recognise such initiatives as Antibiotic Awareness Week and Hand Hygiene Awareness Day.



As can be seen in the above graph our infection control number has increased slightly over the last year. In comparison to the national average, it is a very low rate.

Rate per 100 discharges:

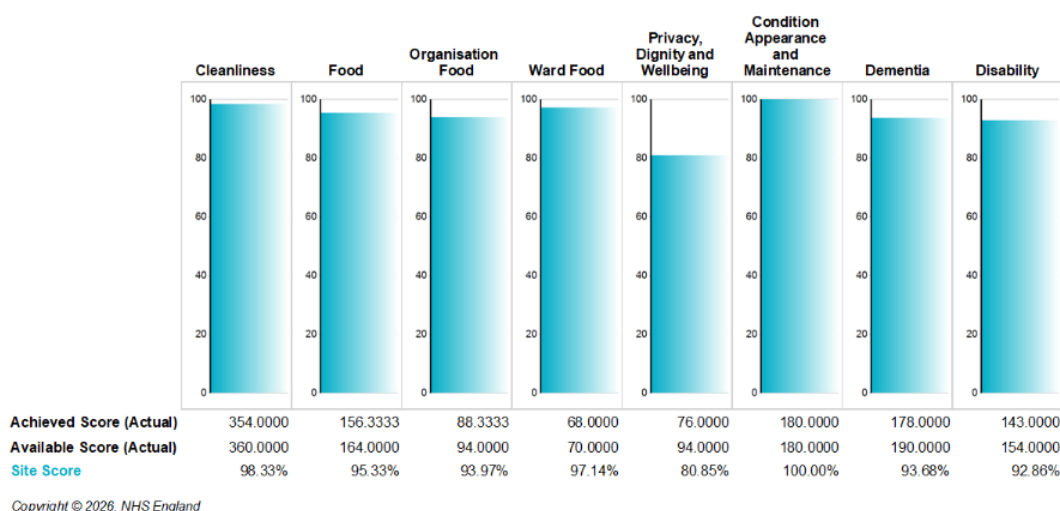


3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

The PLACE-Lite audit from NHS England was used this year as our guide for best practice. This process really helped us focus on areas in our action plan that need improvement. Since our facility isn't purpose-built, the PLACE audit always highlights some specific points we need to pay extra attention to, which helps us decide where to put our efforts.

A slight dip in scores was observed across most metrics compared to last year, though the feedback does not indicate any immediate cause for concern. Such fluctuations may be attributed to differing expectations and experiences of assessors on the day. Limited public space remains an ongoing challenge, particularly for accommodating areas needed for prayers and family visits; this was the only metric to score below 90%, however the teams would always allocate a suitable room if requested. Dementia and Disability services show notable improvement, reflecting a strong commitment to enhancing these facilities. Cleanliness and facility appearance scores remain exceptionally high at 98.33% and 100%, underscoring the dedication to maintaining a modern and well-kept environment.



3.2.3 Safety in the workplace

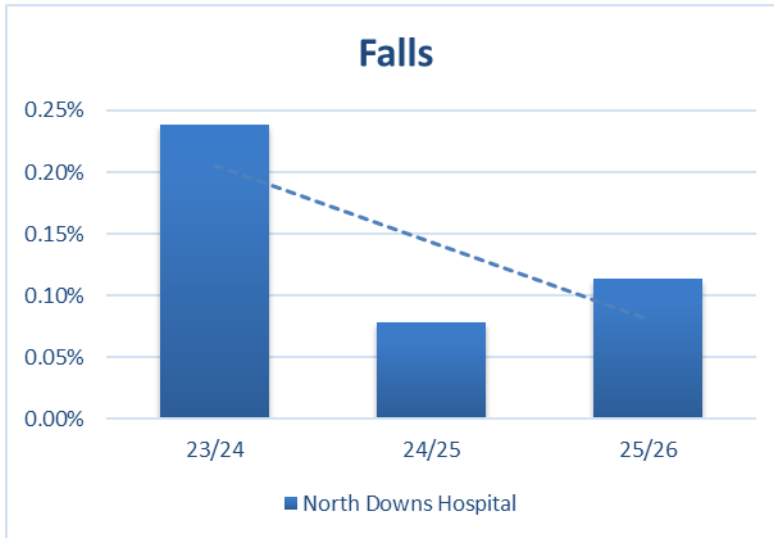
Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to the Head of Clinical Services, which ensures we keep up to date with all safety issues.

We have a local Health and Safety Committee where all health and safety related issues are discussed; the Hospital Risk Register is reviewed and relevant agenda items such as legionella, fire safety and medical gas safety feature.

We continue to monitor the incidences of patient falls and investigate each occurrence. As can be seen from the graph below, the number of patient falls has increased very slightly from the previous year. Rigorous pre-operative assessment and an assessment of frailty to target those at risk has focussed the teams. We also hold our 'Joint School' sessions for all our hip and knee replacement patients which includes information on falls prevention. We have a Falls Champion and Mandatory Falls Prevention Training is in place for all the clinical teams.

Rate per 100 discharges:



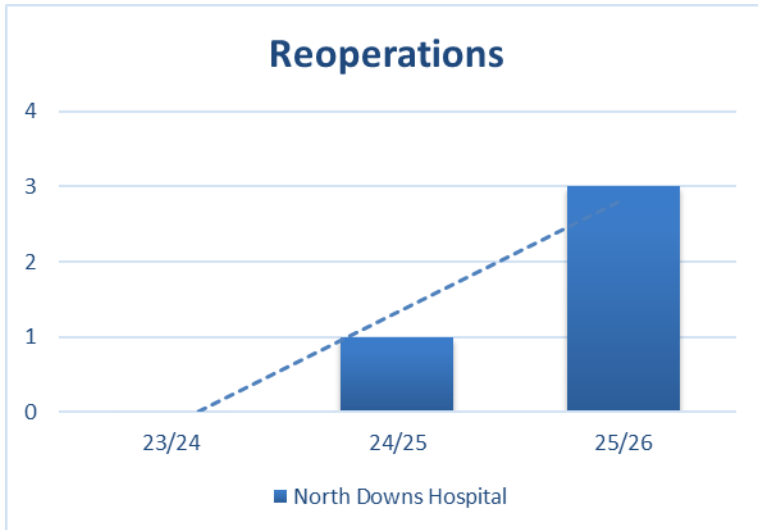
3.3 Clinical effectiveness

The Clinical Governance committee at North Downs Hospital meets on a regular basis throughout the year, with a primary focus on overseeing and maintaining the quality and effectiveness of patient care. During these meetings, a comprehensive review is undertaken of clinical incidents, complaints, the implementation of new clinical policies, relevant NICE Guidance, and both patient and staff feedback. This systematic approach enables the committee to identify patterns or emerging trends that may require additional analysis or deeper investigation.

Where necessary, the committee formulates clear recommendations for actions and improvements. These recommendations are then shared with appropriate groups, such as the Medical Advisory Committee, to ensure that results and required actions are made visible to all relevant stakeholders. This process ensures that insights gained from governance reviews are acted upon, supporting continuous improvement across the organisation.

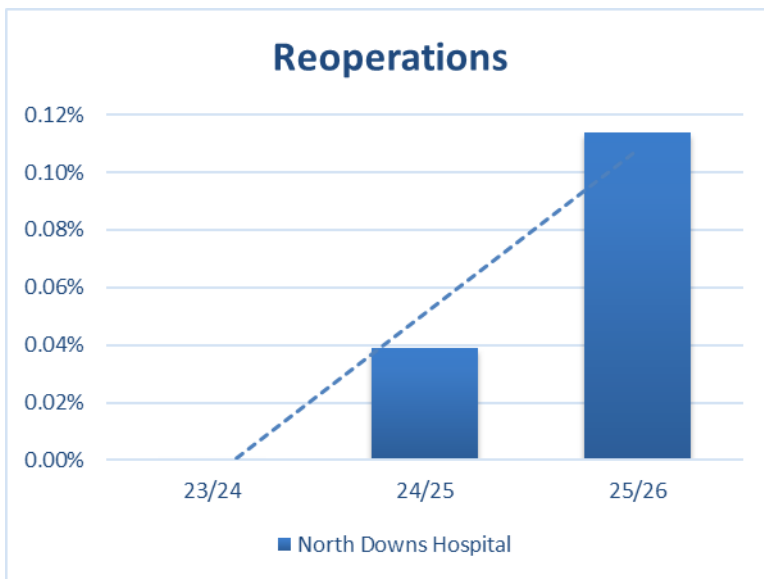
3.3.1 Return to theatre

The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. There has been a slight increase in reoperations, however this represents a very low number.

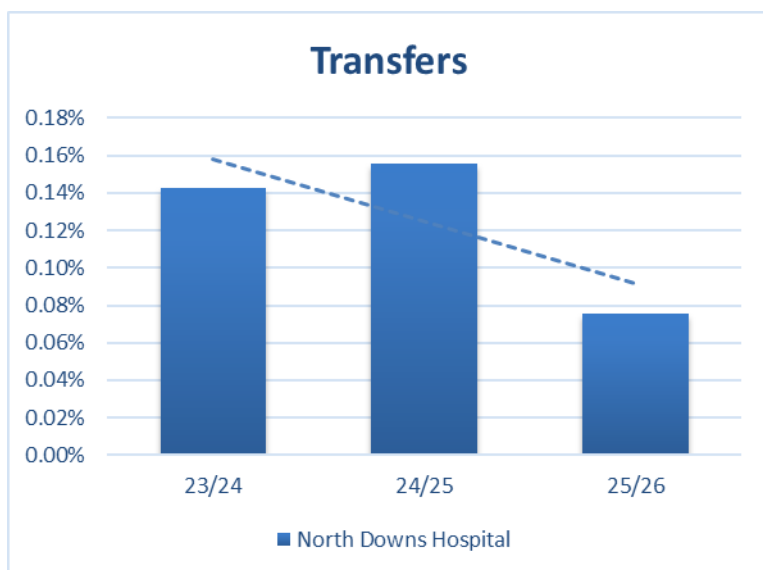


As can be seen in the above graph our returns to theatre rate have increased very slightly for the reporting year.

Rate per 100 discharges:



Rate per 100 discharges:



3.3.2 Learning from Deaths

There has been one death following transfer out from North Downs Hospital during the reporting period. Patient Safety Incident Investigations (PSII's) are carried out with written report of findings and any learnings. Safety Flashes are issued corporately to assist us in ensuring our processes are robust. We also continue our daily Resus Huddle where we identify which staff members will be allocated the pertinent roles in the event of a resuscitation event.

3.3.3 Staff Who Speak up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on staff who speak up (including whistle-blowers). Ahead of such legislation, NHS Trusts and NHS Foundation Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment by doing so. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

In 2018, Ramsay UK launched 'Speak Up for Safety' (SUFS), leading the way as the first healthcare provider in the UK to implement an initiative of this type and scale. The programme, which was delivered in partnership with the Cognitive Institute, reinforces Ramsay's commitment to providing outstanding healthcare to our patients and safeguarding our staff against unsafe practice. The 'Safety C.O.D.E.' enables staff to break out of traditional models of healthcare hierarchy in the workplace, to challenge senior colleagues if they feel practice or behaviour is unsafe or inappropriate. This has already resulted in an environment of heightened team working, accountability and

communication to produce high quality care, patient centred in the best interests of the patient.

Ramsay UK has an exceptionally robust integrated governance approach to clinical care and safety, and continually measures performance and outcomes against internal and external benchmarks. However, following a CQC report in 2016 with an 'inadequate' rating, coupled with whistle-blower reports and internal provider reviews, (at another site), evidence indicated that some staff may not be happy speaking up and identify risk and potentially poor practice in colleagues. Ramsay reviewed this and it appeared there was a potential issue in healthcare globally, and in response to this, Ramsay introduced the 'Speaking Up for Safety' programme.

The Safety C.O.D.E. (which stands for Check, Option, Demand, Elevate) is a toolkit, which consists of these four escalation steps for an employee to take if they feel something is unsafe.

Since the programme was introduced serious incidents, transfers out and near misses related to patient safety have fallen; and lessons learnt are discussed more freely and shared across the organisation weekly. The programme is part of an ongoing transformational process to be embedded into our workplace and reinforces a culture of safety and transparency for our teams to operate within, and our patients to feel confident in. The tools the Safety C.O.D.E. use not only provide a framework for process, but they open a space of psychological safety where employees feel confident to speak up to more senior colleagues without fear of retribution.

North Downs Hospital has a dedicated Trainer to continue the delivery of this essential initiative to new employees and as refreshers to those previously trained. The Ramsay Chief Customer Officer is our Freedom to Speak Up Guardian.

3.4 Patient experience

Patient Feedback and Service Development

Feedback from patients regarding their experiences at Ramsay Health Care is actively encouraged and valued. The actions taken in response to feedback are determined by the nature of the experience shared and the requirements for addressing any concerns or celebrating achievements.

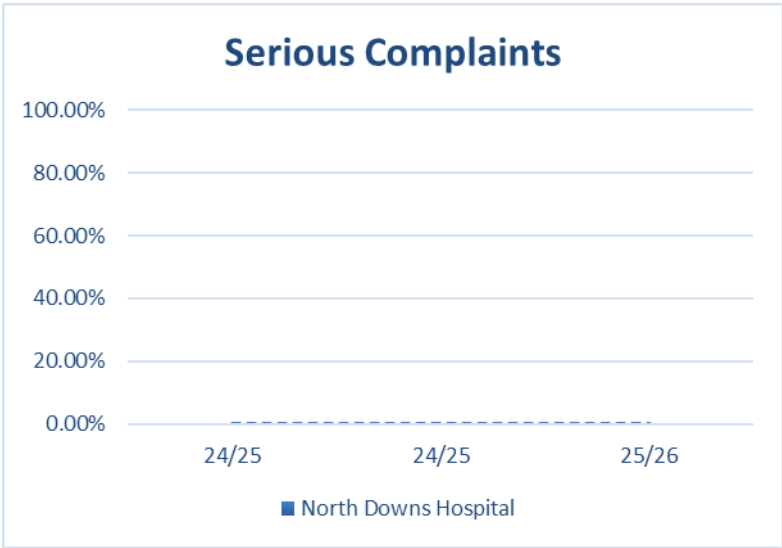
Recognition of Positive Feedback

When patients provide positive feedback, it is promptly communicated to the relevant members of staff. This recognition helps reinforce good practice and positive behaviour throughout the organisation. Letters and cards expressing appreciation are displayed (anonymously) in staff rooms and on notice boards to ensure visibility. Managers make

certain that positive feedback is acknowledged and that individuals mentioned by patients receive appropriate praise.

Addressing Negative Feedback and Suggestions for Improvement

Any negative feedback or suggestions for improvement are also shared directly with the relevant staff. This approach ensures transparency and accountability in service delivery. In addition, all staff are familiar with the complaints procedure, enabling patients whose expectations have not been met to raise concerns and seek resolution for any aspect of their care.



Patient experiences are fed back via the various methods below and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

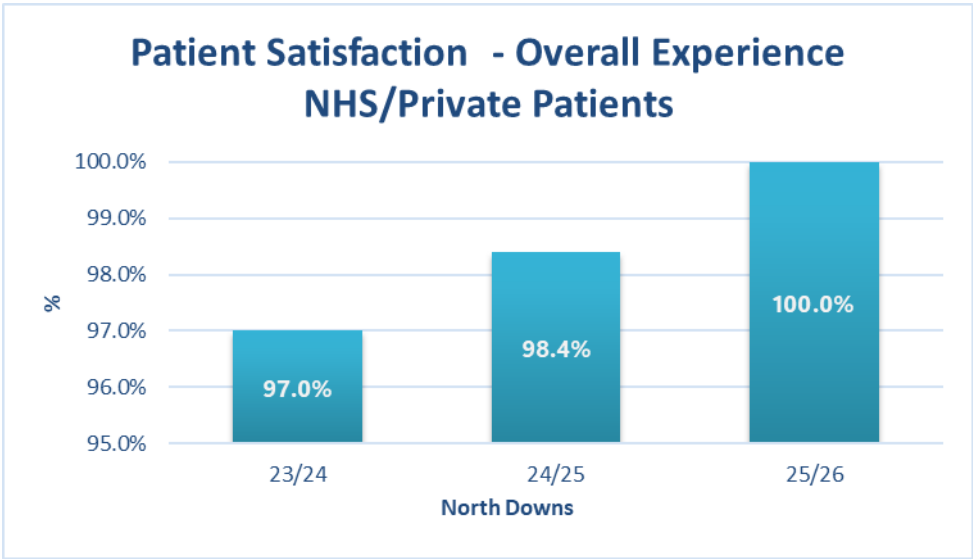
Feedback regarding the patient’s experience is encouraged in various ways via:

- Continuous patient satisfaction feedback via a web-based invitation
- ‘We value your opinion’ leaflet
- ‘Cemplicity’ online feedback tool which includes Friends and Family questions
- Verbal feedback to Ramsay staff - including Consultants, Heads of Clinical Services / Hospital Directors whilst visiting patients and Peer/CQC visit feedback.
- Written feedback via letters/emails
- PROMs surveys
- Google reviews
- Reputation.com
- Insurers

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third-party company, Cemplicity. This is to ensure our results are managed completely independently of the hospital, so we receive a true reflection of our patient's views.

Every patient is asked for their consent to receive an electronic survey following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to improve its services. A patient may request contact on the survey for either a query or a concern and this is conveyed to the Hospital Director and Head of Clinical Services via email in real time in order that a prompt response can be initiated.



As can be seen in the above graph our Patient Satisfaction rate has increased year on year and represents a very high level of patient satisfaction.

Below are examples of patient feedback from Friends and Family:

'Excellent caring service. Cannot fault anything. Nurses just great. Surgeon fabulous, anaesthetist too. Informative and caring.'

'Excellent care throughout. Every single person has been not only professional, but charming and approachable too!! Would definitely come again!!'

Appendix 1

Services covered by this Quality Account

Regulated Activities – North Downs Hospital		Peoples Needs Met for:
Services Provided		
Treatment of Disease, Disorder Or injury	Audiology, Cardiology, Dermatology, Colorectal, Endocrinology, Gastrointestinal, General medicine, Gynaecological, Neurology, Ophthalmic, Pain Management, Physiotherapy, Podiatry, Psychiatry (OPD only), Rheumatology, Sexual Health, Sports medicine, Urology, Urological Oncology, Vascular	All adults
Surgical Procedures	Ambulatory, Cosmetic (for medical reasons), Colorectal, Dermatology, Ear, Nose and Throat (ENT), General Medicine, General surgery, Gynaecological, Ophthalmic, Orthopaedic, Pain Management, Podiatric surgery, Urology, Vascular, Day and Inpatient Surgery	All adults <ul style="list-style-type: none"> • Patients with blood disorders (haemophilia, sickle cell, thalassaemia) • Patients on renal dialysis • Patients with history of malignant hyperpyrexia • Planned surgery patients with positive MRSA screen are deferred until negative • Patients who are likely to need ventilatory support post operatively • Patients who are above a stable ASA 3 • Any patient who will require planned admission to ITU post-surgery • Dyspnoea grade 3/4 (marked dyspnoea on mild exertion e.g. from kitchen to bathroom or dyspnoea at rest) • Poorly controlled asthma (needing oral steroids or has had frequent hospital admissions within last 3 months)

		<ul style="list-style-type: none"> • MI in last 6 months • Angina classification 3/4 (limitations on normal activity e.g. 1 flight of stairs or angina at rest) • CVA in last 6 months • New pacemaker in last 6 months • BMI 40+ • Newly diagnosed or unstable diabetes • Newly diagnosed atrial fibrillation <p>However, all patients will be individually assessed and we will only exclude patients if we are unable to provide an appropriate and safe clinical environment.</p>
Diagnostic and screening	GI physiology, Endoscopy, Allergy testing, Imaging services (including Dexa scans, and non-obstetric ultrasounds), Phlebotomy, Urinary Screening (including urodynamics) and specimen collection	All Adults
Family Planning Services	Gynaecology patient pathway, insertion and removal of inter uterine devices for medical as well as contraception purposes	All adults 18 years and over as clinically indicated

Appendix 2 – RHCUK Clinical Audit Programme (Jul 2025–Jun 2026)

The RHCUK clinical audit programme sets out a rolling schedule of assurance and improvement activity across RHCUK (July 2025 to June 2026). Audits span infection prevention and control (IPC) practice (e.g., hand hygiene, One Together elements, environmental infrastructure and linen management), medicines optimisation and pharmacy governance (e.g., medicines reconciliation, controlled drugs and prescribing processes), radiology governance and image quality (e.g., IR(ME)R, CT/MRI modality audits and reporting for BUPA), theatre safety and patient journey checks (including NatSSIPs elements and peri-operative observations), essential care standards (e.g., wound management, falls prevention, nutrition and hydration), and corporate/operational assurance (e.g., health & safety themes and occupational health record management and screening).

Each audit has a named owner to ensure accountability for data collection, analysis and reporting. Findings are reviewed through local governance structures (e.g., IPC, Pharmacy, Radiology, Theatres and SLT/Ops oversight as appropriate) to agree actions, assign leads and timescales, and assess risk. Where audits identify gaps in compliance or variation in practice, each site is responsible for implementing targeted quality improvement (QI) activity. Where organisational trends are identified, QI initiatives may be led by the corporate clinical team (for example: refresher training, process redesign, documentation changes, environmental or equipment controls, or focused observational re-checks). Progress and impact are monitored through repeat measurement at the next scheduled audit point (monthly/fortnightly cycles for high-frequency measures and seasonal blocks for specialty audits), with re-audit providing assurance that changes have been embedded and sustained.

RHCUK Clinical Audit Programme v18.1 Summary		
Month frequency	Audit	Owner(s)
Monthly	Hand hygiene observation (5 moments) 50 Steps Cleaning (FR2)	Ward, Ambulatory Care, SACT, Theatres, IPC, RDUK Ward, Ambulatory Care, Outpatients
Fortnightly	50 Steps Cleaning (FR1)	SACT; Theatres
Annually	One Together Patient Washing; Hair Removal; Antiseptic Skin Preparation; Preventing Skin Recolonisation; Reducing Nasal Recolonisation; Prophylactic Antibiotics; Maintaining Asepsis (Surgical Practice; Instrument	IPC

	Management); Surgical Environment; Incision Management (Closure; Wound Care)	
As required	<p>IPC Aseptic Non-Touch Technique: Standard; Surgical</p> <p>Blood Transfusion – Cold Chain; Autologous; Compliance</p> <p>Decontamination – Sterile Services; Endoscopy</p> <p>OH: Occupational Health Delivery On-site; Managing Health Risks On-site</p> <p>Privacy & Dignity</p> <p>Resuscitation & Emergency Response</p> <p>Patient Journey: Intraoperative Observation; Recovery Observation; Safe Transfer of the Patient</p> <p>Department Governance</p>	<p>IPC</p> <p>Blood Transfusion</p> <p>Decontamination (Corp)</p> <p>Corporate OH; HoCS, RDUK</p> <p>Ward</p> <p>HoCS</p> <p>Theatres; Ward</p> <p>Ward, Ambulatory Care, Theatres, Physio, Outpatients</p>
July	<p>One Together Peri-Operative Warming: Pre-Operative; Intra-Operative; Post-Operative (Jul–Aug)</p> <p>One Together Surveillance of Surgical Site Infection (Jul–Aug)</p> <p>One Together Practice Review (Jul–Aug and Jan–Feb)</p> <p>IPC Governance and Assurance (Jul–Sep)</p> <p>Safe & Secure (Jul–Sep and Jan–Mar)</p> <p>50 Steps Cleaning (FR5) – Receptions (Jul; Jan)</p> <p>Practising Privileges – Doctors in Training (Jul; Jan, where applicable)</p> <p>Medicines Reconciliation (Jul; Oct; Jan; Apr)</p> <p>MRI Reporting for BUPA (Jul; Nov; Mar)</p> <p>H&S Fire Safety (Jul; Jan)</p>	<p>IPC</p> <p>IPC</p> <p>One Together Practice Review</p> <p>IPC</p> <p>OPD, SACT, Radiology, Theatres, Ward, Ambulatory Care, Pharmacy</p> <p>SLT</p> <p>HoCS</p> <p>Pharmacy</p> <p>Radiology</p> <p>Ops Managers, RDUK</p>

August	IR(ME)R (Aug–Sep) Complaints (Aug–Sep and Feb–Mar) CT (Aug–Sep and Mar–Apr) Sharps (Aug; Dec; Apr) CT Reporting for BUPA (Aug; Dec; Apr) IPC Management of Linen (Aug; Feb) Essential Care: Wound Management (Aug; Nov; Feb; May) Duty of Candour (Aug–Sep and Feb–Mar)	IR(ME)R Lead, RDUK SLT Radiology, RDUK IPC Radiology Ward HoCS SLT
September	Paediatric Outpatients H&S Slips Trips & Falls LSO and 5 Steps Safer Surgery (Sep–Nov and Feb–Apr) Essential Care: Nutrition & Hydration (Sep–Oct) Controlled Drugs (Sep; Dec; Mar; Jun) OH: Vaccination Records (Sep; Mar) SACT Services (Sep–Oct) X-Ray; Ultrasound (Sep–Oct and Mar–Apr)	Paediatric Ops Managers, RDUK Theatres, Outpatients, Radiology HoCS Pharmacy Corporate OH Pharmacy; SACT Radiology
October	H&S COSHH IPC Environmental infrastructure (Oct–Dec) Urinary Catheterisation Bundle (Oct–Dec) Antimicrobial Stewardship & Prescribing; Prescribing, Supply & Administration; Medical Records – Patient Consent (Oct–Dec and Apr–Jun) Pain Management (Oct; Apr) 50 Steps Cleaning (FR4) (Oct; Jan; Apr; Jul)	Ops Managers, RDUK SLT HoCS HoCS; Pharmacy Pharmacy Physio, POA; Pharmacy; Radiology, RDUK

November	H&S Electrical Safety IRR (Nov–Dec) MRI; Interventional Fluoroscopy (Nov–Dec and May–Jun for MRI) OH: Immunity Screening (Nov; May) OH: Case Management Referrals (May; Nov)	Ops Managers, RDUK RPS, RDUK Radiology, RDUK; Radiology Corporate OH Corporate OH
December	Safeguarding H&S Violence at Work	SLT Ops Managers, RDUK
January	One Together Warming Intravenous & Irrigation Fluids (Jan–Feb) MHRA (Jan–Feb) Medicines Governance (Jan–Mar)	IPC MR Lead, RDUK Pharmacy
February	IPC Management of Linen (Aug; Feb) Peripheral Venous Cannula Care Bundle (Jul–Sep)	Ward HoCS
March	H&S PUWER/LOLER OH: UKAP & Hep B Non-Responders	Ops Managers, RDUK Corporate OH
April	H&S Management	Ops Managers, RDUK
May	H&S Moving & Handling Medical Records – SACT Consent	Ops Managers, RDUK SACT
June	Cleaning Standards Efficacy H&S Work at Height	Head of Operations Ops Managers, RDUK

Appendix 3

Glossary of Abbreviations

ACCP	American College of Clinical Pharmacology
AIM	Acute Illness Management
ALS	Advanced Life Support
CAS	Central Alert System
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DDA	Disability Discrimination Audit
DH	Department of Health
GP	General Practitioner
GRS	Global Rating Scale
HCA	Health Care Assistant
HPD	Hospital Patient Days
H&S	Health and Safety
ICB	Integrated Care Board
IHAS	Independent Healthcare Advisory Services
IPC	Infection Prevention and Control
ISB	Information Standards Board
JAG	Joint Advisory Group
LINK	Local Involvement Network
MAC	Medical Advisory Committee
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
NCCAC	National Collaborating Centre for Acute Care
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NVC11	Code for North Downs Hospital used on the data information websites
ODP	Operating Department Practitioner
OSC	Overview and Scrutiny Committee
PLACE	Patient-Led Assessment of the Care Environment
PPE	Personal Protective Equipment
PROM	Patient Related Outcome Measures
SUS	Secondary Users Service
SAC	Standard Acute Contract
SLT	Senior Leadership Team
STF	Slips, Trips and Falls
SUI	Serious Untoward Incident
VTE	Venous Thromboembolism

North Downs Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the Hospital Director using the contact details below.

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